


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 0 2 5 - 0 2 7	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 2 0 0 0 Through 0 6 3 0 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name M I C H A E L Last Name M C C A R R O N P.O. Box • Building and Room Number (if any)  Number and Street 5 3 3 S O U T H F R E M O N T A V E City L O S A N G E L E S State ZIP Code + 4 C A 9 0 0 7 1 - 1 7 1 2
4. AFFILIATION OR ORGANIZATION NAME SOUTHWEST REGIONAL COUNCIL OF CARPENTERS		5. DESIGNATION (Local, Lodge, etc.) REGIONAL COUNCIL		
6. DESIGNATION NUMBER NONE		7. UNIT NAME (if any) NONE		
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No				
(If "No," provide address in Item 75.)				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number	SEE ATTACHED			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED: <u>Joshua Barnett</u> 09 / 28 / 2001 ( 213 ) 385 - 1457 Date Telephone Number		77. SIGNED: <u>Pat McCarron</u> 09 / 28 / 2001 ( 213 ) 385 - 1457 Date Telephone Number		
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)		

*During the Reporting Period Did Your Organization:*

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | X   |    |
| 12. Have a political action committee (PAC) fund? .....  | X   |    |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | X   |    |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....<br><i>(Answer "Yes" even if there has been repayment or recovery.)</i>   |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

*(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)*

18. How many members did your organization have at the end of the reporting period? 0

19. What is the date of your organization's next regular election of officers? MO YEAR  
0 8 2 0 0 4

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0 0

21. What are your organization's rates of dues and fees?  
*(Enter a minimum and maximum if more than one rate applies for any line.)*

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>20.00/0.80</u> per <u>MONTH/HOUR</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>50.00 to 300.00</u>
(c) Transfer Fees	\$ <u>NONE</u>
(d) Work Permits	\$ <u>NONE</u> per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
X  
*(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... X

*(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)*

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 2 5 — 0 2 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
<b>ASSETS</b>	25. Cash .....		3 1 5 0 5 8 4 7	3 0 7 2 1 5 9 3
	26. Accounts Receivable .....		0	0
	27. Loans Receivable .....	1	5 7 9 1 0	0
	28. U.S. Treasury Securities .....		0	0
	29. Investments .....	2	0	0
	30. Fixed Assets .....	5	1 3 9 4 0 3 5 2	1 3 9 7 8 1 8 0
	31. Other Assets .....	3	0	0
	32. TOTAL ASSETS .....		4 5 5 0 4 1 0 9	4 4 6 9 9 7 7 3
<b>LIABILITIES</b>	33. Accounts Payable .....		0	0
	34. Loans Payable .....	8	0	0
	35. Mortgages Payable .....		0	0
	36. Other Liabilities .....	4	0	0
	37. TOTAL LIABILITIES .....		0	0
	38. NET ASSETS (Item 32 less Item 37) .....		4 5 5 0 4 1 0 9	4 4 6 9 9 7 7 3

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 2 5 — 0 2 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			2 1 1 4 2 7 3 7	56. To Officers .....	9		1 1 0 4 8 6 7
40. Per Capita Tax .....			0	57. To Employees .....	10		7 7 3 7 5 1 2
41. Fees .....			0	58. Per Capita Tax .....			0
42. Fines .....			2 5 6 0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....			0	60. Office & Administrative Expense ....	13		2 0 4 7 1 3 5
44. Work Permits .....			0	61. Educational & Publicity Expense ...			5 2 0 6 5 7
45. Sale of Supplies .....			0	62. Professional Fees .....			1 7 9 3 8 0
46. Interest .....			1 4 4 6 8 6 9	63. Benefits .....	11		2 0 6 5 4 2 1
47. Dividends .....			0	64. Contributions, Gifts & Grants .....	12		6 1 2 3 7 7
48. Rents .....			1 5 6 0 9 5 8	65. Supplies for Resale .....			0
49. Sale of Investments & Fixed Assets .....	6		4 1 2 5 0	66. Direct Taxes .....			7 8 8 1 4 9
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			2 6 1 0 8 2 9
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		1 1 7 0 5 9 2
52. On Behalf of Affiliates for Transmittal to Them .....			0	69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....			0	70. Repayment of Loans Obtained .....	8		0
54. Other Receipts .....	14		5 8 0 1 6 5 4	71. To Affiliates of Funds Collected on Their Behalf .....			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements .....	15		1 1 9 4 3 3 6 3
55. TOTAL RECEIPTS .....			2 9 9 9 6 0 2 8	74. TOTAL DISBURSEMENTS .....			3 0 7 8 0 2 8 2

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 2 5 - 0 2 7

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>WAYNE MCNEIL</u> <u>REFINANCE OF CONSTR.</u> Purpose: <u>LOAN</u> <u>NOTE SECURED BY DEED</u> Security: <u>OF TRUST</u> <u>TEN PERCENT</u> Terms of Repayment: <u>FIVE YEARS</u>	4 6, 6 6 6	-0-	WRITE OFF SHOULD HAVE BEEN ON PRIOR LM-2. DEVELOPER WALKED AWAY FROM NOTE - NOT COLLECTIBLE. PART OF PRIOR LAND SALE AND MERGER OF LOCALS.		-0-
2. Name: <u>CARPENTERS LOCAL UNION #2020</u> Purpose: <u>CAPITAL</u> <u>DUE ON DEMAND</u> Security: <u>NON INTEREST</u> Terms of Repayment: _____	1 1, 2 4 4	-0-	MERGED LOCAL - WRITE OFF - SHOULD HAVE BEEN ON PRIOR LM-2.		-0-
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	5 7 9 1 0				0
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>Enter the Totals from Line 6 in</div> <div> <div>↑</div> <div>Item 27</div> <div>Column (A)</div> </div> <div> <div>↑</div> <div>Item 69</div> </div> <div> <div>↑</div> <div>Item 51</div> </div> <div> <div>↑</div> <div>Item 75</div> <div>with Explanation</div> </div> <div> <div>↑</div> <div>Item 27</div> <div>Column (B)</div> </div> </div>					

# **SCHEDULE 2 — INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	-0-
2. Total Book Value	-0-
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	-0-
5. Total Book Value	-0-
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in _____ Item 29, Column (B)	

FILE NUMBER: 0 2 5 - 0 2 7

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 2 5 - 0 2 7


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): SYLMAR	5,245,739		5,245,739	5,245,739
2. Totals from additional pages (if any) LAND - WHITTIER	1,375,007		1,375,007	1,375,007
3. Buildings (give location): SYLMAR LAND AND BUILDING - WHITTIER, CA	3,209,005 1,610,090	1,265,661 1,186,876	1,943,344 423,214	1,943,344 3,000,000
4. Totals from additional pages (if any) LAND AND SAN BUILDING- DIEGO	3,427,077	420,144	3,006,933	3,006,933
5. Automobiles and Other Vehicles	2,380,395	828,323	1,552,072	1,552,072
6. Office Furniture and Equipment	2,142,490	1,710,619	431,871	431,871
7. Other Fixed Assets	424,639	424,639	-0-	-0-
8. Totals of Lines 1 through 7	19,814,442	5,836,262	13,978,180	16,554,966
<div style="text-align: right;">↑</div> Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. AUTOMOTIVE EQUIPMENT	423,025	41,250	41,250	41,250
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		-0-
		8. Net Sales		41,250
<div style="text-align: right;">↑</div> Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 5 - 0 2 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. AUTOMOTIVE EQUIPMENT	891,800	891,800	891,800
2. COMPUTER EQUIPMENT AND PROGRAMS	188,628	188,628	188,628
3. OFFICE FURNITURE	90,164	90,164	90,164
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1,170,592	1,170,592	1,170,592
	7. Less Reinvestments		
	8. Net Purchases		1 1 7 0 5 9 2
Enter the Total from Line 8 in .....  Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in .....  Item 34 Column (C) .....  Item 50 .....  Item 70 .....  Item 75 with Explanation .....  Item 34 Column (D)					



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 5 — 0 2 7

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: M C C A R R O N First Name: M I C H A E L Title: S E C R E T A R Y - T R E A S . Status: C		1 9 3 8 8 6	0	9 1 4 0	0	2 0 3 0 2 6
2. Last Name: B A R N E T T First Name: J A C K I E Title: P R E S I D E N T Status: C		9 9 0 7 0	0	9 1 4 0	0	1 0 8 2 1 0
3. Last Name: R O S E First Name: R O B E R T Title: V I C E - P R E S . Status: C		9 8 1 0 6	0	9 0 4 0	0	1 0 7 1 4 6
4. Last Name: C L A Y First Name: F L O Y D Title: E X E C . B O A R D Status: C		1 2 2 1 9 6	0	9 1 4 0	0	1 3 1 3 3 6
5. Last Name: F L O R E S First Name: J A M E S Title: E X E C . B O A R D Status: C		1 0 9 8 1 9	0	9 5 6 5	0	1 1 9 3 8 4
6. Last Name: F R I E D E N T H A L First Name: H E R B Title: E X E C . B O A R D Status: C		8 2 6 7 0	0	8 9 1 5	0	9 1 5 8 5
7. Last Name: F U R M A N First Name: M A R C . Title: E X E C . B O A R D Status: C		1 4 0 3 7 6	0	8 9 5 9	0	1 4 9 3 3 6
8. Totals from additional pages (if any)		785,319		80,570		865,888
9. Totals of Lines 1 through 8		1,631,442		144,469		1,775,911
				10. Less Deductions 6 7 1 0 4 3		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 1 1 0 4 8 6 7		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 5 - 0 2 7

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name First Name					
1. WESTMORELANDCRIS Position BUS. REP. Name of Affiliated Organization	9 1 0 9 2	0	9 1 1 5	0	1 0 0 2 0 7
2. WHITTEY RICKY Position BUS. REP. Name of Affiliated Organization	7 1 4 4 7	0	9 1 2 3	0	8 0 5 7 0
3. WRIGHT DONALD Position BUS. REP. Name of Affiliated Organization	6 4 4 5 0	0	9 0 3 5	0	7 3 4 8 5
4. SCHUMAN ROBERT Position BUS. REP. Name of Affiliated Organization	4 2 8 5 1	0	8 6 9	0	4 3 7 2 0
5. Position Name of Affiliated Organization					
6. Totals from additional pages (if any)	9,494,101	-0-	1,106,655	-0-	10,600,756
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	287,354	-0-	5,254	-0-	292,607
8. Totals of Lines 1 through 7	10,051,295	-0-	1,140,051	-0-	11,191,345
9. Less Deductions			3 4 5 3 8 3 3		
Enter the Total from Line 10 in..... Item 57 =>			10. Net Disbursements 7 7 3 7 5 1 2		

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 2 5 — 0 2 7

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH & WELFARE	TRUST FUND	5 6 7, 3 9 1
2. PENSION	CARPENTERS TRUST & LOCAL 30	1, 3 6 8, 7 2 7
3. WORKER'S COMPENSATION	STATE COMPENSATION INSURANCE FUND	6 1, 9 4 5
4. APPRENTICE	CARPENTERS TRUST	6 7, 3 5 9
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 0 6 5 4 2 1
Enter the Total from Line 6		Item 63


# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. POLITICAL	5 7 5, 7 0 4
2. DONATIONS GIFTS - VARIOUS ORGANIZATIONS	3 6, 6 7 3
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6 1 2 3 7 7
Enter the Total from Line 8 in	


# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. OFFICE EXPENSE	3 0 8, 7 8 4
2. AUTO EXPENSE REPAIR & MAINTENANCE	2 4 0, 8 3 7
3. DUES & SUBSCRIPTION	5 6, 7 8 9
4. STATIONERY & PRINTING	8 1, 7 1 3
5. TELEPHONE & COMMUNICATION	4 5 3, 3 7 0
6. EQUIPMENT, REPAIR & MAINTENANCE	3 4, 6 8 6
7. Total from additional pages (if any)	8 7 0, 9 5 6
8. Total of Lines 1 through 7	2 0 4 7 1 3 5
Enter the Total from Line 8 in	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. <i>LEGAL JUDGEMENT</i>	<i>1 3, 3 8 8</i>
2. <i>PAYROLL AND PAYROLL BENEFITS REFUNDED MERGED LOCALS</i>	<i>4, 5 3 6, 3 4 9</i>
3. <i>OTHER INCOME</i>	<i>3 3, 8 1 4</i>
4. <i>TRANSFERS FROM MERGED LOCALS AND COUNCILS</i>	<i>1, 2 1 8, 1 0 3</i>
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	<i>5 8 0 1 6 5 4</i>
Enter the Total from Line 17 in .....  Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. <i>LOCAL 1553, 721 AND CONF. OF CARPENTERS</i>	<i>9 8 8, 8 6 1</i>
2. <i>WORKING CAPITAL AND ORGANIZING TRANSFERS</i>	<i>1 0, 6 8 8, 5 0 4</i>
3. <i>JOB PRESERVATION EXPENSE</i>	<i>2 8 5, 9 9 8</i>
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	<i>1 1 9 4 3 3 6 3</i>
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 2 OF 2 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: JACKSON First Name: C. J. Title: EXEC. BOARD Status: C		9 7 9 1 0	0	1 1 0 2 0	0	1 0 8 9 3 0
Last Name: ZUNIGA First Name: RUBEN Title: CONDUCTOR Status: C		8 2 6 6 2	0	9 0 1 5	0	9 1 6 7 7
Last Name: MAGALLANES First Name: MIKE Title: WARDEN Status: C		9 0 7 8 5	0	9 2 7 0	0	1 0 0 0 5 5
Last Name: HAYDEN First Name: B. J. Title: TRUSTEE Status: C		8 3 1 6 6	0	8 9 9 0	0	9 2 1 5 6
Last Name: MILEWSKY First Name: ROBERT Title: TRUSTEE Status: P		6 4 1 0 8	0	5 3 5 9	0	6 9 4 6 6
Last Name: YOUNG First Name: GARY Title: EXEC. BOARD Status: C		7 4 8 4 7	0	8 8 4 0	0	8 3 6 8 7
Last Name: WILLIAMS First Name: GEORGE Title: TRUSTEE Status: C		8 3 1 2 9	0	9 1 1 5	0	9 2 2 4 4
Last Name: DAHLQUIST First Name: MARTIN Title: TRUSTEE Status: N		1 1 4 1 0 3	0	9 9 7 1	0	1 2 4 0 7 4
Totals		6 9 0, 7 1 0	0	7 1, 5 8 0	0	7 6 2, 2 8 9

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals						

ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO June 30, 2001

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 1 OF 2 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name G U R U L E	First Name F R A N K	9 4 6 0 9	0	8 9 9 0	0	1 0 3 5 9 9
Title E X E C . B O A R D	Status C					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals		9 4, 6 0 9	0	8, 9 9 0	0	1 0 3, 5 9 9

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS** *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						



ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **2** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name: <b>H A R R I N G T O N</b> First Name: <b>T H O M A S</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>1 7 7 5 6</b>	<b>0</b>	<b>3 3 0 0</b>	<b>0</b>	<b>2 1 0 5 6</b>
Last Name: <b>H Y N E S</b> First Name: <b>T H O M A S</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>1 7 7 5 6</b>	<b>0</b>	<b>3 1 3 5</b>	<b>0</b>	<b>2 0 8 9 1</b>
Last Name: <b>K A S P R Z Y C K I</b> First Name: <b>E D W A R D</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>1 7 7 5 6</b>	<b>0</b>	<b>3 1 3 5</b>	<b>0</b>	<b>2 0 8 9 1</b>
Last Name: <b>L U S S O N</b> First Name: <b>G E R A L D</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>1 7 7 5 6</b>	<b>0</b>	<b>2 8 9 0</b>	<b>0</b>	<b>2 0 6 4 6</b>
Last Name: <b>M A R T I N</b> First Name: <b>W I L L I A M</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>1 8 3 8 7</b>	<b>0</b>	<b>3 1 3 5</b>	<b>0</b>	<b>2 1 5 2 2</b>
<b>Totals</b>		<b>8 9, 4 1 1</b>	<b>0</b>	<b>1 5, 5 9 5</b>	<b>0</b>	<b>1 0 5, 0 0 6</b>

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES** *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>						
(C) Name of Affiliated Organization <i>(if applicable)</i>						
<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>						
<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>						
<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>						
<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>						
<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>						
<div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div>						
<div>Totals</div>						

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **3** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name <b>M C C A R T Y</b>	First Name <b>F R A N K</b>	<b>1 7 7 5 6</b>	<b>0</b>	<b>3 9 3 5</b>	<b>0</b>	<b>2 1 6 9 1</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>M I L L E R</b>	First Name <b>W Y L I E</b>	<b>1 7 7 5 6</b>	<b>0</b>	<b>3 0 6 0</b>	<b>0</b>	<b>2 0 8 1 6</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>M I L L S</b>	First Name <b>R I C H A R D</b>	<b>3 0 6 8 7</b>	<b>0</b>	<b>3 1 3 5</b>	<b>0</b>	<b>3 3 8 2 2</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>M I R E L E S</b>	First Name <b>J O S E</b>	<b>1 7 7 5 6</b>	<b>0</b>	<b>3 1 3 5</b>	<b>0</b>	<b>2 0 8 9 1</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>O H T O N</b>	First Name <b>D A N I E L</b>	<b>1 7 7 5 6</b>	<b>0</b>	<b>3 1 3 5</b>	<b>0</b>	<b>2 0 8 9 1</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Totals		<b>1 0 1, 7 1 1</b>	<b>0</b>	<b>1 6, 4 0 0</b>	<b>0</b>	<b>1 1 8, 1 1 1</b>

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **4** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name: <b>S T E V E N S O N</b> First Name: <b>D O N A L D</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>1 8 3 8 7</b>	<b>0</b>	<b>3 1 3 5</b>	<b>0</b>	<b>2 1 5 2 2</b>
Last Name: <b>A N D E R S O N</b> First Name: <b>G O R D O N</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>2 2 1 8 9</b>	<b>0</b>	<b>2 8 6 3</b>	<b>0</b>	<b>2 5 0 5 2</b>
Last Name: <b>B U T L E R</b> First Name: <b>A L L A N</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>2 2 1 8 9</b>	<b>0</b>	<b>2 8 6 3</b>	<b>0</b>	<b>2 5 0 5 2</b>
Last Name: <b>B U T L E R</b> First Name: <b>J</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>2 0 0 8 7</b>	<b>0</b>	<b>1 4 6 2</b>	<b>0</b>	<b>2 1 5 4 9</b>
Last Name: <b>C A T A L A N O</b> First Name: <b>W A Y N E</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>2 8 5 4 6</b>	<b>0</b>	<b>3 9 8 8</b>	<b>0</b>	<b>3 2 5 3 4</b>
<b>Totals</b>		<b>1 1 1, 3 9 8</b>	<b>0</b>	<b>1 4, 3 1 1</b>	<b>0</b>	<b>1 2 5, 7 0 9</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 5 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name <b>CORLEY</b>	First Name <b>ELIZABE</b>	1 2 4 4 7	0	0	0	1 2 4 4 7
Position <b>CLERICAL</b>						
Name of Affiliated Organization						
Last Name <b>DURAN</b>	First Name <b>JOSEPH</b>	2 5 8 4 6	0	2 8 6 3	0	2 8 7 0 9
Position <b>BUS. REP.</b>						
Name of Affiliated Organization						
Last Name <b>LARSON</b>	First Name <b>DENNIS</b>	2 5 8 4 6	0	2 8 6 3	0	2 8 7 0 9
Position <b>BUS. REP.</b>						
Name of Affiliated Organization						
Last Name <b>MCALLISTER</b>	First Name <b>DENNIS</b>	2 2 1 8 9	0	3 1 6 3	0	2 5 3 5 2
Position <b>BUS. REP.</b>						
Name of Affiliated Organization						
Last Name <b>QUEZADA</b>	First Name <b>DOLORES</b>	1 2 1 5 6	0	0	0	1 2 1 5 6
Position <b>CLERICAL</b>						
Name of Affiliated Organization						
Totals		9 8, 4 8 4	0	8, 8 8 9	0	1 0 7, 3 7 3

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					



ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **6** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name <b>S O U T H E R L A N D</b>	First Name <b>R A N D A L L</b>	<b>2 5 8 4 6</b>	<b>0</b>	<b>2 8 6 3</b>	<b>0</b>	<b>2 8 7 0 9</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>S T U M B O U G H</b>	First Name <b>K I P</b>	<b>2 2 1 8 9</b>	<b>0</b>	<b>2 8 6 3</b>	<b>0</b>	<b>2 5 0 5 2</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>A L L A N</b>	First Name <b>S U S A N</b>	<b>4 1 7 5 9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4 1 7 5 9</b>
Position <b>C L E R I C A L</b>						
Name of Affiliated Organization						
Last Name <b>A N D E R S O N</b>	First Name <b>A D A</b>	<b>4 5 0 1 4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4 5 0 1 4</b>
Position <b>C L E R I C A L</b>						
Name of Affiliated Organization						
Last Name <b>A N D R E W S</b>	First Name <b>K A Y</b>	<b>2 9 8 9 5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2 9 8 9 5</b>
Position <b>C L E R I C A L</b>						
Name of Affiliated Organization						
<b>Totals</b>		<b>1 6 4, 7 0 3</b>	<b>0</b>	<b>5, 7 2 6</b>	<b>0</b>	<b>1 7 0, 4 2 9</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **7** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name <b>A S H T O N</b>	First Name <b>L O R I</b>	<b>6 8 1 8 0</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 7 0 9 5</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>A U S T I N</b>	First Name <b>M Y R N A</b>	<b>4 5 2 1 9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4 5 2 1 9</b>
Position <b>C L E R I C A L</b>						
Name of Affiliated Organization						
Last Name <b>B R I T T O N</b>	First Name <b>M I C H A E L</b>	<b>7 6 6 0 9</b>	<b>0</b>	<b>8 8 4 0</b>	<b>0</b>	<b>8 5 4 4 9</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>B U F F K I N</b>	First Name <b>N O R M A</b>	<b>3 8 1 2 0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3 8 1 2 0</b>
Position <b>C L E R I C A L</b>						
Name of Affiliated Organization						
Last Name <b>B U N C E</b>	First Name <b>W A Y N E</b>	<b>7 0 3 3 7</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 9 2 5 2</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Totals		<b>2 9 8, 4 6 5</b>	<b>0</b>	<b>2 6, 6 7 0</b>	<b>0</b>	<b>3 2 5, 1 3 5</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **8** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name <b>C A R L T O N</b>	First Name <b>T I M O T H Y</b>	<b>6 5 5 3 8</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 4 4 5 3</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>C O R O N A</b>	First Name <b>C R I S T O B</b>	<b>6 7 6 9 4</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 6 6 0 9</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>D E L A R O S A</b>	First Name <b>A N G E L</b>	<b>6 8 0 2 5</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 6 9 4 0</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>F E L L O W S</b>	First Name <b>R A L P H</b>	<b>6 8 1 5 0</b>	<b>0</b>	<b>8 8 4 0</b>	<b>0</b>	<b>7 6 9 9 0</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>G O M E Z</b>	First Name <b>R A F A E L</b>	<b>6 7 6 9 4</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 6 6 0 9</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Totals		<b>3 3 7, 1 0 1</b>	<b>0</b>	<b>4 4, 5 0 0</b>	<b>0</b>	<b>3 8 1, 6 0 1</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **9** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name: <b>G O N Z A L E Z</b> First Name: <b>E S T E L A</b> Position: <b>C L E R I C A L</b> Name of Affiliated Organization:		<b>3 2 2 0 0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3 2 2 0 0</b>
Last Name: <b>G R A N I L L O</b> First Name: <b>R O Y</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>6 8 4 4 3</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 7 3 5 8</b>
Last Name: <b>G U T I E R R E Z</b> First Name: <b>N A N C Y</b> Position: <b>C L E R I C A L</b> Name of Affiliated Organization:		<b>2 8 0 2 1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2 8 0 2 1</b>
Last Name: <b>G U T I E R R E Z</b> First Name: <b>J O S E</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>6 7 6 9 4</b>	<b>0</b>	<b>8 9 9 0</b>	<b>0</b>	<b>7 6 6 8 4</b>
Last Name: <b>H A R R I S</b> First Name: <b>W I L L I A M</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>6 7 6 9 4</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 6 6 0 9</b>
<b>Totals</b>		<b>2 6 4, 0 5 2</b>	<b>0</b>	<b>2 6, 8 2 0</b>	<b>0</b>	<b>2 9 0, 8 7 2</b>

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
<div> <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> </div>					
<div> <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> </div>					
<div> <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> </div>					
<div> <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> </div>					
<div> <div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> </div>					
Totals					



ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**  
 ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 10 OF 34 ADDITIONAL PAGES

# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name <b>H A W K</b>	First Name <b>F R A N K</b>	7 7 5 2 5	0	9 7 2 1	0	8 7 2 4 6
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>H E R N A N D E Z</b>	First Name <b>E F R E N</b>	7 0 2 9 4	0	8 9 1 5	0	7 9 2 0 9
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>K A H L E</b>	First Name <b>C L I F F O R</b>	8 3 2 9 7	0	8 9 1 5	0	9 2 2 1 2
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>K E S S L E R</b>	First Name <b>C H A R L E S</b>	7 0 1 0 5	0	8 9 1 5	0	7 9 0 2 0
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>L A W S O N</b>	First Name <b>C O L L E E N</b>	4 1 6 9 7	0	0	0	4 1 6 9 7
Position <b>C L E R I C A L</b>						
Name of Affiliated Organization						
Totals		3 4 2, 9 1 8	0	3 6, 4 6 6	0	3 7 9, 3 8 4

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 11 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name L E Y V A	First Name J U A N	6 7 6 9 4	0	8 8 4 0	0	7 6 5 3 4
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M O O R E	First Name R A Q U E L	2 7 4 3 4	0	0	0	2 7 4 3 4
Position C L E R I C A L						
Name of Affiliated Organization						
Last Name M U C H I C K O	First Name S T E V E	9 8 2 1 2	0	8 8 4 0	0	1 0 7 0 5 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M U L L E N	First Name K A Y	1 0 7 8 1	0	0	0	1 0 7 8 1
Position C L E R I C A L						
Name of Affiliated Organization						
Last Name M U N O Z	First Name S H E L L Y	4 0 6 1 9	0	0	0	4 0 6 1 9
Position C L E R I C A L						
Name of Affiliated Organization						
Totals		2 4 4, 7 4 0	0	1 7, 6 8 0	0	2 6 2, 4 2 0

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Totals</div> </div>						

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**  
 ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 12 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name O' S H E A	First Name D A N I E L	8 2 6 7 0	0	8 9 1 5	0	9 1 5 8 5
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name S A L A	First Name J A M E S	9 5 0 7 7	0	8 9 1 5	0	1 0 3 9 9 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name S H E E H A N	First Name M A R K	6 7 6 9 4	0	8 9 1 5	0	7 6 6 0 9
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name S M I T H	First Name W I L L I A M	7 2 8 5 5	0	8 8 4 0	0	8 1 6 9 5
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name S T R O O T	First Name P A U L E T T	4 3 5 8 7	0	0	0	4 3 5 8 7
Position C L E R I C A L						
Name of Affiliated Organization						
Totals		3 6 1, 8 8 3	0	3 5, 5 8 5	0	3 9 7, 4 6 8

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**  
 ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **13** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name: <b>SWENSON</b> First Name: <b>JACKIE</b> Position: <b>CLERICAL</b> Name of Affiliated Organization:		3 7 1 3 5	0	0	0	3 7 1 3 5
Last Name: <b>TAYLOR</b> First Name: <b>LEONARD</b> Position: <b>BUS. REP.</b> Name of Affiliated Organization:		6 7 6 9 4	0	8 9 1 5	0	7 6 6 0 9
Last Name: <b>VALLE</b> First Name: <b>FRANK</b> Position: <b>BUS. REP.</b> Name of Affiliated Organization:		6 7 6 9 4	0	8 8 4 0	0	7 6 5 3 4
Last Name: <b>WEDMORE</b> First Name: <b>KATHY</b> Position: <b>CLERICAL</b> Name of Affiliated Organization:		4 1 5 0 4	0	0	0	4 1 5 0 4
Last Name: <b>WILKENING</b> First Name: <b>FREDRIC</b> Position: <b>BUS. REP.</b> Name of Affiliated Organization:		8 2 6 7 0	0	8 9 1 5	0	9 1 5 8 5
Totals		2 9 6, 6 9 7	0	2 6, 6 7 0	0	3 2 3, 3 6 7

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					



ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **14** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name <b>A L M O N D</b>	First Name <b>R O B E R T</b>	<b>8 2 1 1 5</b>	<b>0</b>	<b>1 2 3 3 6</b>	<b>0</b>	<b>9 4 4 5 1</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>A R A N A</b>	First Name <b>S A N T I A G</b>	<b>7 0 5 6 4</b>	<b>0</b>	<b>9 0 4 0</b>	<b>0</b>	<b>7 9 6 0 4</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>B A D I L L O</b>	First Name <b>G I L B E R T</b>	<b>7 0 8 5 6</b>	<b>0</b>	<b>9 1 1 5</b>	<b>0</b>	<b>7 9 9 7 1</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>B A X T E R</b>	First Name <b>W I L L I A M</b>	<b>6 6 8 9 7</b>	<b>0</b>	<b>9 6 9 5</b>	<b>0</b>	<b>7 6 5 9 2</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>B E G G S</b>	First Name <b>H A R R Y</b>	<b>5 5 0 4 1</b>	<b>0</b>	<b>1 1 6 7 8</b>	<b>0</b>	<b>6 6 7 1 9</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
<b>Totals</b>		<b>3 4 5, 4 7 3</b>	<b>0</b>	<b>5 1, 8 6 4</b>	<b>0</b>	<b>3 9 7, 3 3 7</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **15** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name <b>B E N S O N</b>	First Name <b>F R A N K</b>	<b>8 2 3 0 2</b>	<b>0</b>	<b>1 0 1 9 1</b>	<b>0</b>	<b>9 2 4 9 3</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>B E R N S E N</b>	First Name <b>J A M E S</b>	<b>5 7 0 3 5</b>	<b>0</b>	<b>5 8 5 2</b>	<b>0</b>	<b>6 2 8 8 7</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>B L A E U E N S T E I N</b>	First Name <b>P I E R O</b>	<b>2 4 9 2 3</b>	<b>0</b>	<b>5 0 6 0</b>	<b>0</b>	<b>2 9 9 8 3</b>
Position <b>C L E R I C A L</b>						
Name of Affiliated Organization						
Last Name <b>B L O O D W O R T H</b>	First Name <b>C H A R L E S</b>	<b>7 0 4 0 6</b>	<b>0</b>	<b>9 2 1 0</b>	<b>0</b>	<b>7 9 6 1 6</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>B L U M E</b>	First Name <b>W I L L I A M</b>	<b>6 2 2 1 2</b>	<b>0</b>	<b>8 9 9 0</b>	<b>0</b>	<b>7 1 2 0 2</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Totals		<b>2 9 6, 8 7 8</b>	<b>0</b>	<b>3 9, 3 0 3</b>	<b>0</b>	<b>3 3 6, 1 8 1</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 16 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name B U R G E S S	First Name L E S L E Y	7 3 3 5 4	0	8 9 1 5	0	8 2 2 6 9
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name C H A P M A N	First Name D A N I E L	8 8 7 7 7	0	9 1 1 5	0	9 7 8 9 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name C O B B	First Name S T E P H E N	8 6 2 7 7	0	9 1 8 5	0	9 5 4 6 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name C O R D E R O	First Name D A V I D	5 4 8 9 1	0	8 0 3 8	0	6 2 9 2 9
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name C O T A	First Name F R A N K	6 2 4 3 8	0	1 0 7 6 9	0	7 3 2 0 7
Position B U S . R E P .						
Name of Affiliated Organization						
Totals		3 6 5, 7 3 7	0	4 6, 0 2 2	0	

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 17 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name D E R O S A	First Name A N T H O N Y	6 2 1 6 6	0	8 9 1 5	0	7 1 0 8 1
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name D O D D	First Name K E V I N	8 5 9 9 0	0	9 4 4 0	0	9 5 4 3 1
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name D R A P E R	First Name M I C H A E L	1 4 1 9 6	0	2 3 8 6	0	1 6 5 8 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name E L K I N S	First Name C H A R L E S	6 5 0 2 8	0	9 6 5 0	0	7 4 6 7 8
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name	First Name					
Position						
Name of Affiliated Organization						
Totals		2 2 7, 3 8 0	0	3 0, 3 9 1	0	2 5 7, 7 7 2

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: —

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					



ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 18 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name ENCINAS	First Name ALFRED	8 2 6 5 2	0	9 9 1 4	0	9 2 5 6 6
Position BUS. REP.						
Name of Affiliated Organization						
Last Name EVANS	First Name PHILIP	1 3 1 1 0	0	3 2 4 0	0	1 6 3 5 0
Position BUS. REP.						
Name of Affiliated Organization						
Last Name FELSKE	First Name TIM	1 3 1 1 0	0	2 6 2 7	0	1 5 7 3 7
Position BUS. REP.						
Name of Affiliated Organization						
Last Name FIERRO	First Name RICHARD	6 5 8 2 2	0	9 1 1 5	0	7 4 9 3 7
Position BUS. REP.						
Name of Affiliated Organization						
Last Name FOSTER	First Name JEFFREY	5 5 0 4 1	0	9 0 4 8	0	6 4 0 8 9
Position BUS. REP.						
Name of Affiliated Organization						
Totals		2 2 9, 7 3 5	0	3 3, 9 4 4	0	2 6 3, 6 7 9

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

FILE NUMBER: 0 2 5 - 0 2 7

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

PAGE 19 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name <b>F R I S B Y</b>	First Name <b>S A M U E L</b>	<b>8 2 4 0 2</b>	<b>0</b>	<b>9 1 1 5</b>	<b>0</b>	<b>9 1 5 1 7</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>G A R C I A</b>	First Name <b>D A N N Y</b>	<b>7 0 3 5 6</b>	<b>0</b>	<b>1 2 3 3 5</b>	<b>0</b>	<b>8 2 6 9 1</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>G A S S A W A Y</b>	First Name <b>E D W I N</b>	<b>1 9 9 4 7</b>	<b>0</b>	<b>2 8 2 9</b>	<b>0</b>	<b>2 2 7 7 6</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>G O M E Z</b>	First Name <b>J E S U S</b>	<b>6 8 0 5 6</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 6 9 7 1</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>G O N Z A L E Z</b>	First Name <b>J A I M E</b>	<b>2 2 1 7 6</b>	<b>0</b>	<b>1 7 0 0</b>	<b>0</b>	<b>2 3 8 7 6</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Totals		<b>2 6 2, 9 3 7</b>	<b>0</b>	<b>3 4, 8 9 4</b>	<b>0</b>	<b>2 9 7, 8 3 1</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **20** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name <b>G O N Z A L E Z</b>	First Name <b>L U I S</b>	<b>6 2 3 4 1</b>	<b>0</b>	<b>8 9 1 5</b>	<b>0</b>	<b>7 1 2 5 6</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>G R A V E S</b>	First Name <b>S T E V E N</b>	<b>8 5 2 7 2</b>	<b>0</b>	<b>8 9 9 0</b>	<b>0</b>	<b>9 4 2 6 2</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>G R I G G S</b>	First Name <b>S T E V E</b>	<b>7 6 4 6 9</b>	<b>0</b>	<b>8 4 7 3</b>	<b>0</b>	<b>8 4 9 4 2</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>G U R U L E</b>	First Name <b>V I C T O R</b>	<b>4 6 4 3 6</b>	<b>0</b>	<b>8 2 2 7</b>	<b>0</b>	<b>5 4 6 6 4</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>G U T I E R R E Z</b>	First Name <b>P E D R O</b>	<b>8 1 9 5 2</b>	<b>0</b>	<b>9 1 1 5</b>	<b>0</b>	<b>9 1 0 6 7</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Totals		<b>3 5 2, 4 7 0</b>	<b>0</b>	<b>4 3, 7 2 0</b>	<b>0</b>	<b>3 9 6, 1 9 1</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 21 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name H A L L	First Name L A W R E N C E	5 8 8 3 7	0	3 8 2	0	5 9 2 1 9
Position C L E R I C A L						
Name of Affiliated Organization						
Last Name H A M M	First Name J O H N	5 6 5 4 7	0	8 9 0 6	0	6 5 4 5 3
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name H A R P E R	First Name D A N N Y	8 6 4 4 5	0	1 1 3 4 1	0	9 7 7 8 7
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name H A R R I S	First Name P H I L I P	5 4 8 9 1	0	8 0 3 8	0	6 2 9 2 9
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name H A R Z A N	First Name J O E L	1 1 7 4 4	0	6 8 0	0	1 2 4 2 4
Position B U S . R E P .						
Name of Affiliated Organization						
Totals		2 6 8, 4 6 4	0	2 9, 3 4 7	0	2 9 7, 8 1 2

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
Totals						



ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 22 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name H O S S A I N	First Name S H A B B I R	1 9 2 1 5	0	0	0	1 9 2 1 5
Position C L E R I C A L						
Name of Affiliated Organization						
Last Name H U F F	First Name J O H N	8 2 6 0 2	0	8 9 9 0	0	9 1 5 9 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name H U G H E S	First Name S T U A R T	6 6 5 8 8	0	9 2 9 4	0	7 5 8 8 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name H U N T	First Name H O M E R	3 6 8 7 3	0	3 8 7 6	0	4 0 7 4 9
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name H U R D	First Name R O D E R I C	6 2 8 1 3	0	8 4 0 5	0	7 1 2 1 8
Position B U S . R E P .						
Name of Affiliated Organization						
Totals		2 6 8, 0 9 1	0	3 0, 5 6 5	0	2 9 8, 6 5 6

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:

**JULY 1, 2000 TO JUNE 30, 2001**FILE NUMBER: **0 2 5 - 0 2 7**PAGE **23** OF **34** ADDITIONAL PAGES**SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
<div><div>Last Name</div><div>First Name</div><div>JACKSONERROL</div><div>Position</div><div>BUS. REP.</div><div>Name of Affiliated Organization</div></div>	8 2 5 9 4	0	9 4 4 0	0	9 2 0 3 4
<div><div>Last Name</div><div>First Name</div><div>JENSENHAROLD</div><div>Position</div><div>BUS. REP.</div><div>Name of Affiliated Organization</div></div>	1 0 9 3 9 4	0	1 1 5 2 9	0	1 2 0 9 2 3
<div><div>Last Name</div><div>First Name</div><div>KAALEKAHILORELEI</div><div>Position</div><div>CLERICAL</div><div>Name of Affiliated Organization</div></div>	3 0 3 2 3	0	0	0	3 0 3 2 3
<div><div>Last Name</div><div>First Name</div><div>KARNOPPGARY</div><div>Position</div><div>BUS. REP.</div><div>Name of Affiliated Organization</div></div>	6 7 5 5 8	0	6 8 7 5	0	7 4 4 3 3
<div><div>Last Name</div><div>First Name</div><div>KAYPEKIANCHRISTI</div><div>Position</div><div>CLERICAL</div><div>Name of Affiliated Organization</div></div>	3 0 9 4 9	0	7 5	0	3 1 0 2 4
Totals	3 2 0, 8 1 8	0	2 7, 9 1 9	0	3 4 8, 7 3 7

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

FILE NUMBER: 0 2 5- 0 2 7

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

PAGE 24 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)	(C) Name of Affiliated Organization (if applicable)					
Last Name <b>K E E N A N</b> First Name <b>B A L D W I N</b> Position <b>B U S . R E P .</b> Name of Affiliated Organization		<b>8 1 9 9 9</b>	<b>0</b>	<b>9 1 3 5</b>	<b>0</b>	<b>9 1 1 3 5</b>
Last Name <b>K L I E W E R</b> First Name <b>S A M U E L</b> Position <b>B U S . R E P .</b> Name of Affiliated Organization		<b>6 1 6 1 6</b>	<b>0</b>	<b>9 1 1 5</b>	<b>0</b>	<b>7 0 7 3 1</b>
Last Name <b>K N O P P</b> First Name <b>M A N F R E D</b> Position <b>B U S . R E P .</b> Name of Affiliated Organization		<b>5 8 8 5 0</b>	<b>0</b>	<b>4 5 9 0</b>	<b>0</b>	<b>6 3 4 4 0</b>
Last Name <b>K O L E N D E R</b> First Name <b>M I C H A E L</b> Position <b>B U S . R E P .</b> Name of Affiliated Organization		<b>6 1 5 1 6</b>	<b>0</b>	<b>8 9 9 0</b>	<b>0</b>	<b>7 0 5 0 6</b>
Last Name <b>L A M</b> First Name <b>F R E D E R I</b> Position <b>C L E R I C A L</b> Name of Affiliated Organization		<b>3 3 0 5 7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3 3 0 5 7</b>
<b>Totals</b>		<b>2 9 7, 0 3 8</b>	<b>0</b>	<b>3 1, 8 3 0</b>	<b>0</b>	<b>3 2 8, 8 6 9</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 25 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name F I R S T N A M E L A N G F O R D	First Name L A S T N A M E D A N I E L	8 3 6 3 0	0	9 1 3 1	0	9 2 7 6 1
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name F I R S T N A M E L A W R E N C E	First Name L A S T N A M E B E T T Y	2 6 0 3 5	0	0	0	2 6 0 3 5
Position C L E R I C A L						
Name of Affiliated Organization						
Last Name F I R S T N A M E L O P E Z	First Name L A S T N A M E M A N U E L	6 1 5 1 6	0	8 9 9 0	0	7 0 5 0 6
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name F I R S T N A M E M A C D O N A L D	First Name L A S T N A M E D A N I E L	6 4 5 6 3	0	1 2 9 5 6	0	7 7 5 1 9
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name F I R S T N A M E M A C H L I S	First Name L A S T N A M E A N D R E W	1 3 2 1 5	0	5	0	1 3 2 2 0
Position C L E R I C A L						
Name of Affiliated Organization						
Totals		2 4 8, 9 5 9	0	3 1, 0 8 2	0	2 8 0, 0 4 1

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					



ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**  
 ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 26 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name M A L D O O N	First Name L I N D S E Y	6 1 5 1 6	0	1 2 7 8 6	0	7 4 3 0 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M A N G U M	First Name W I L L I A M	7 0 8 5 6	0	9 2 2 0	0	8 0 0 7 6
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M A R T I N E Z	First Name J E S S E	8 2 4 5 2	0	9 1 1 5	0	9 1 5 6 7
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M C G I N N	First Name P A T R I C K	9 0 3 2 2	0	1 3 3 0 4	0	1 0 3 6 2 6
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M C G U I R E	First Name R I C H A R D	4 7 8 6 1	0	4 6 6 5	0	5 2 5 2 6
Position B U S . R E P .						
Name of Affiliated Organization						
Totals		3 5 3, 0 0 7	0	4 9, 0 9 0	0	4 0 2, 0 9 7

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

FILE NUMBER: 0 2 5 - 0 2 7

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

PAGE 27 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name M C M U R R A Y	First Name D O U G L A S	5 6 5 5 4	0	8 2 3 1	0	6 4 7 8 5
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M E D I N A	First Name R I C H A R D	5 6 9 4 4	0	8 3 1 0	0	6 5 2 5 4
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M E D I N A	First Name L O U I S	6 7 4 4 2	0	9 2 9 0	0	7 6 7 3 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M E N N	First Name V E D A	5 6 6 8 6	0	1 4 8 3	0	5 8 1 6 9
Position C L E R I C A L						
Name of Affiliated Organization						
Last Name M I L L E R	First Name S T E V E N	6 1 5 1 6	0	8 9 9 0	0	7 0 5 0 6
Position B U S . R E P .						
Name of Affiliated Organization						
Totals		2 9 9, 1 4 2	0	3 6, 3 0 4	0	3 3 5, 4 4 6

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

FILE NUMBER: 0 2 5 - 0 2 7

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

PAGE 28 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name M I L L E R	First Name W I L L I A M	8 2 1 5 2	0	9 1 1 5	0	9 1 2 6 7
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M O L O C K	First Name K E N N E T H	8 7 0 0 9	0	9 1 1 5	0	9 6 1 2 4
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M O N T A N O	First Name J O S E	6 1 5 1 6	0	8 9 9 0	0	7 0 5 0 6
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name M Y E R S	First Name W I L L I A M	8 2 0 0 2	0	8 9 9 0	0	9 0 9 9 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name O ' B O Y L E	First Name J O H N	7 4 4 0 1	0	9 1 5 1	0	8 3 5 5 2
Position C L E R I C A L						
Name of Affiliated Organization						
Totals		3 8 7, 0 8 0	0	4 5, 3 6 1	0	4 3 2, 4 4 1

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

FILE NUMBER: 0 2 5 - 0 2 7

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

PAGE 29 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name O L D S	First Name M I C H A E L	8 7 9 7 2	0	8 8 4 0	0	9 6 8 1 2
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name O L V E R A	First Name A N G E L	8 6 3 7 8	0	8 9 9 0	0	9 5 3 6 8
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name O R O Z C O	First Name L O R E N Z O	6 1 5 1 6	0	8 9 9 0	0	7 0 5 0 6
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name O W E N S	First Name J O H N	8 5 3 9 1	0	9 5 3 7	0	9 4 9 2 8
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name P A R K E R	First Name E D W A R D	8 2 1 5 2	0	8 9 6 5	0	9 1 1 1 7
Position B U S . R E P .						
Name of Affiliated Organization						
Totals		4 0 3, 4 0 9	0	4 5, 3 2 2	0	4 4 8, 7 3 1

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					



ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO JUNE 30, 2001**

FILE NUMBER: **0 2 5 - 0 2 7**

PAGE **30** OF **34** ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name: <b>P E R E Z</b> First Name: <b>S A U L</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>6 5 8 2 1</b>	<b>0</b>	<b>9 1 1 5</b>	<b>0</b>	<b>7 4 9 3 6</b>
Last Name: <b>P E S T E R</b> First Name: <b>J A M E S</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>8 1 9 5 2</b>	<b>0</b>	<b>9 4 0 4</b>	<b>0</b>	<b>9 1 3 5 6</b>
Last Name: <b>P E T E R S O N</b> First Name: <b>D A V I D</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>8 2 4 1 1</b>	<b>0</b>	<b>9 2 0 0</b>	<b>0</b>	<b>9 1 6 1 1</b>
Last Name: <b>R A M I R E Z</b> First Name: <b>A L E X</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>6 7 2 9 6</b>	<b>0</b>	<b>1 3 1 8 5</b>	<b>0</b>	<b>8 0 4 8 1</b>
Last Name: <b>R O D R I G U E Z</b> First Name: <b>B E N J A M I</b> Position: <b>B U S . R E P .</b> Name of Affiliated Organization:		<b>7 0 4 7 3</b>	<b>0</b>	<b>9 2 8 0</b>	<b>0</b>	<b>7 9 7 5 3</b>
<b>Totals</b>		<b>3 6 7, 9 5 3</b>	<b>0</b>	<b>5 0, 1 8 4</b>	<b>0</b>	<b>4 1 8, 1 3 7</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
<b>Totals</b>					

ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

FILE NUMBER: 0 2 5 - 0 2 7

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

PAGE 31 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name S H E F F	First Name B R I A N	5 3 8 3	0	0	0	5 3 8 3
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name S I M M O N S	First Name R O B E R T	9 0 8 9 2	0	9 3 0 2	0	1 0 0 1 9 4
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name S M I T H	First Name T H O M A S	6 3 4 8 4	0	8 8 4 0	0	7 2 3 2 4
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name S T E W A R T	First Name P A T R I C K	6 9 3 8 7	0	8 9 9 0	0	7 8 3 7 7
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name S W I N D E L L	First Name J A M E S	8 4 0 7 2	0	9 1 1 5	0	9 3 1 8 7
Position B U S . R E P .						
Name of Affiliated Organization						
Totals		3 1 3, 2 1 8	0	3 6, 2 4 7	0	3 4 9, 4 6 5

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
SOUTHWEST REGIONAL COUNCIL OF CARPENTERS

FILE NUMBER: 0 2 5 - 0 2 7

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO June 30, 2001

PAGE 32 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name T A G L E - C R U Z	First Name E D I T H A	5 0 6 1 2	0	0	0	5 0 6 1 2
Position C L E R I C A L						
Name of Affiliated Organization						
Last Name T A L M A G E	First Name M E R L I N	7 1 3 8 3	0	9 4 3 0	0	8 0 8 1 3
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name T H O R N H I L L	First Name R A N D Y	1 1 0 1 9 5	0	1 3 4 0 0	0	1 2 3 5 9 5
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name V A N D A L	First Name G I S E L A	4 6 3 4 4	0	1 3 0 5	0	4 7 6 4 9
Position C L E R I C A L						
Name of Affiliated Organization						
Last Name V A N - W I N K L E	First Name G E N E	8 2 1 0 2	0	9 1 1 5	0	9 1 2 1 7
Position B U S . R E P .						
Name of Affiliated Organization						
Totals		3 6 0, 6 3 6	0	3 3, 2 5 0	0	3 9 3, 8 8 6

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

FILE NUMBER: 0 2 5 - 0 2 7

ENDING DATE OF PERIOD COVERED:  
JULY 1, 2000 TO JUNE 30, 2001

PAGE 33 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name V A S Q U E Z	First Name U B A L D O	6 3 0 4 9	0	8 9 1 5	0	7 1 9 6 4
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name V E R G A R A	First Name M A R I O	6 8 7 5 5	0	1 2 5 8 0	0	8 1 3 3 5
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name V L A C H	First Name J E R R Y	6 1 5 1 6	0	1 2 3 7 1	0	7 3 8 8 7
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name W E I D N E R	First Name J U S T I N	7 9 0 9 5	0	8 8 4 0	0	8 7 9 3 5
Position B U S . R E P .						
Name of Affiliated Organization						
Last Name W E R T	First Name T R A C Y	5 4 8 9 1	0	7 8 8 8	0	6 2 7 7 9
Position B U S . R E P .						
Name of Affiliated Organization						
Totals		3 2 7, 3 0 6	0	5 0, 5 9 4	0	3 7 7, 9 0 0

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					



ORGANIZATION NAME:  
**SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

ENDING DATE OF PERIOD COVERED:  
**JULY 1, 2000 TO June 30, 2001**

FILE NUMBER: 0 2 5 - 0 2 7

PAGE 34 OF 34 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name <b>R O J A S</b>	First Name <b>F E R N A N D</b>	<b>6 1 7 1 6</b>	<b>0</b>	<b>9 6 5 1</b>	<b>0</b>	<b>7 1 3 6 7</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>S A N T A N G E L O</b>	First Name <b>N I C H O L A</b>	<b>4 9 2 1 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4 9 2 1 2</b>
Position <b>C L E R I C A L</b>						
Name of Affiliated Organization						
Last Name <b>S C H A F E R</b>	First Name <b>J O H N</b>	<b>8 5 1 7 2</b>	<b>0</b>	<b>9 7 9 0</b>	<b>0</b>	<b>9 4 9 6 2</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>S H A D E</b>	First Name <b>L A R R Y</b>	<b>6 2 0 9 2</b>	<b>0</b>	<b>9 1 5 8</b>	<b>0</b>	<b>7 1 2 5 0</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
Last Name <b>S H E E T S</b>	First Name <b>R O B E R T</b>	<b>1 4 0 4 5 7</b>	<b>0</b>	<b>9 2 4 0</b>	<b>0</b>	<b>1 4 9 6 9 7</b>
Position <b>B U S . R E P .</b>						
Name of Affiliated Organization						
<b>Totals</b>		<b>3 9 8, 6 4 9</b>	<b>0</b>	<b>3 7, 8 3 9</b>	<b>0</b>	<b>4 3 6, 4 8 8</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

SOUTHWEST REGIONAL COUNCIL OF CARPENTERS FILE #025-027  
SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE  
FISCAL YEAR JULY 1, 2000 TO JUNE 30, 2001

DESCRIPTIONS-ADDITIONAL ITEMS	AMOUNT
(A)	(B)
7. POSTAGE	143,029
8. INSURANCE	190,342
9. RENT	230,784
10. PROPERTY TAXES	86,214
11. TAXES AND LICENSES	0
12. BUILDING UTILITIES	63,612
13. BUILDING MAINTENANCE	110,412
14. SERVICE CHARGES	8,475
15. PAYROLL FEES	17,783
16. ADMINISTRATIVE COST-SUPP	20,305
TOTAL OF LINES 7 THROUGH 16	870,956

ITEM 60



Line 75- Additional Information

Item Number

- 11 Carpenters Health and Welfare Trust for Southern California-  
(D-2 # 050687)  
Carpenters Pension Trust for Southern California- (D-2 # 130913)  
Carpenters Joint Apprenticeship Committee for Southern  
California  
11 County Carpenters Vacation Savings Plan, Los Angeles,  
California  
Southern California Lumber Industry Retirement Fund-  
(D-2 #004765)  
Southern California Lumber Industry Health and Welfare-  
(D-2 # 003550)  
Construction Industry and Carpenters Joint Pension Trust  
for Southern Nevada  
Carpenters Health and Welfare for Southern Nevada  
Carpenters Vacation Trust for Southern Nevada  
Southern Nevada Carpenters & Millwrights Apprenticeship &  
Journeyman Training Committee  
Carpenter Pension Trust of Northern Nevada  
Carpenters Health and Insurance Trust Fund for Northern Nevada  
Northern Nevada Carpenters Vacation Saving Plan  
Carpenters Joint Apprenticeship and Training Committee  
Arizona State Carpenters Annuity Plan Retirement Trust Fund  
Arizona State Carpenters Health and Welfare Trust Fund  
Arizona State Carpenters Vacation Savings Trust Fund
- 12 Southern California District Council of Carpenters-Political  
Action Fund: Reports filed with California Secretary of State  
Southern California District Council of Carpenters-Legislative  
Improvement Committee: Reports Filed with Federal Election  
Commission and California Secretary of State  
Southern California District Council of Carpenters- Carpenters  
Committee on Political Action: Reports Filed with Federal  
Election Commission, Southern California Nevada Regional  
Council of Carpenters-PAC: Reports filed with Nevada Secretary of  
State and Arizona Secretary of State, Arizona State District Council  
of Carpenters-PAC : Reports filed with Arizona Secretary of State.
- 13 During the period July 1, 2000 to June 30, 2001 various Carpenter  
Unions and District Councils were directed to merge with this organization -  
Cash Transfer \$ 1,218,103.00 ( See Schedule 14 )
- 23 The Council guarantees various lines of credit which vary in amount  
according to the amount of credit extended. The amounts vary at  
any point in time.

